**FEC** 

## **STATEMENT OF**

FORM 1		ORGANIZATION										
1 01111				(See instru	ctions)				Of	fice use only		
1. NAME OI COMMIT		full)		(Check if name is changed)		cample: If typer the lines	oying, type	12FE4	IM5			
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		ш				шш		шш				
ADDRESS (nu	umber and	street)	501	South 5th Str	eet 	ш						1 1
	if address	3										
X is chang	is changed)		Rich	mond				VA	L	23219   0501		
					CITY	•		STATE		ZIP C	ODE 📥	
COMMITTEE'	'S E-MA	IL ADDRES	SS (Please	e provide only one	e e-mail ad	dress)						
(Check if address is changed)		5	vale	rie.paris@mw	v.com							
COMMITTEE'	'S WER	PAGE ADI	DRESS (I	IRI \								
COMMITTEE'S WEB			1	// 1∟ <i>/</i>								
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2. DATE	M 0 2	, D	D / Y	2010 <sup>°</sup>								
3. FEC IDE	NTIFICA	TION NUM	IBER		C C	00065987						
4. IS THIS S	STATEN	IENT	NEV	V (N) OF	R	Х АМЕ	ENDED (A)					
I certify that I ha	ave exam	ned this Sta	tement and	I to the best of my	knowledge	and belief it is	s true, correct a	and complete				
				Alexander H S	Stoddord							
Type or Print N	Name of	Treasurer		Alexander in S	olouuaru							
Signature of T	reasurer	Electro	nically File	ed by <b>Alexan</b>	der H Sto	oddard		Date	<b>0</b> 2 /	<b>18</b>	y y 2	0 <sup>*</sup> 1 0 <sup>*</sup>
NOTE: Submiss	sion of fa			nplete information		•			•	of 2 U.S.C.	§437g.	
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Offi Us Or	se					Federal E	er information lection Commis 800-424-9530			FEC FO		1